

TO: ALL STATE AGENCIES, COMMISSIONS, AND BOARDS

From: J. S. Thompson, Jr., State Risk Director

OFFICE OF RISK MANAGEMENT

RE: Transitional Duty Program

Pursuant to RS:39:1547, the Office of Risk Management has developed the attached Transitional Duty Policy for the State of Louisiana. This policy is to be used as a model to aid individual State Agencies in the establishing of a Transitional Duty Program. The Office of Risk Management reserves the right to modify the policy as the program matures. This will be reviewed on an annual basis.

Transitional Duty is that employment, which allows an injured worker to return to transitional duty at his agency of injury and is in his/her physical restrictions, as set forth by the treating physician, until he/she is capable of returning to full duty, for up to one year.

Loss Prevention Audits as of July 1, 2000 will include an assessment of individual agency's Transitional Duty Program.

J. S. Thompson, Jr.
State Risk Director

STATE OF LOUISIANA

OFFICE OF RISK MANAGEMENT

RETURN TO TRANSITIONAL DUTY
PLAN

BACKGROUND

The Louisiana legislature, in three separate actions has created the framework to allow the State of Louisiana to implement a comprehensive transitional return to work policy. The first action was Senate Concurrent Resolution Number 50, which was passed in the regular 1997 session. This resolution urges the Office of Risk Management and the Department of Civil Service to jointly develop a formal return-to-work policy for the employees of the State of Louisiana. It also requires the Office of Risk Management to report back to the legislature on the implementation of the return-to-work policy. The Department of Civil Service, the Division of Administration, and the Office of Risk Management shall make a joint report concerning the implementation of a return-to-work policy for State employees to the legislature.

In the 1998 legislative session, House Bill 181 (duplicate of Senate Bill 116) was passed. This bill authorizes and sanctions the Office of Risk Management to assess premiums on each agency based on its actual loss exposure and expense levels for both self-insured and commercial coverages. Such assessments may be on a retrospective basis. Any agency that has undergone a loss prevention audit by the Office of Risk Management and has received a certification from the Office of Risk Management, as being compliant with State law and loss prevention standards prescribed by the Office of Risk Management, shall receive a credit. This credit is to be applied to the agency's annual self-insured premium per line of insurance coverage excluding the coverage for road hazards and medical malpractice equal to five percent (5%) of the agency's total amount of self-insured premiums paid per line of coverage.

Any agency which has failed to receive certification after undergoing a loss prevention audit by the Office of Risk Management shall be liable for a penalty of five percent (5%) of the agency's total annual self-insured premium per line of coverage excluding the coverage for

road hazards and medical malpractice. Such penalties shall be payable at the time of each premium payment and shall be used by the Office of Risk Management for claims payments.

The third action taken by the legislature was in the regular session of 1999, in passing Senate Bill 689. This bill creates within the Office of Risk Management, a Return-to-Work Program. The Office of Risk Management shall by rule, design a program that returns injured workers to gainful employment as soon as it is medically possible after a job-related injury or illness. The program shall, at a minimum, include the following:

1. A transitional employment program.
2. A workers' compensation claims reporting process.
3. A process of semi-annual reports to the legislature and the governor.

The workers' compensation claims reporting process shall be designed by the Office of Risk Management to facilitate the timely reporting of work-related injuries to the Office of Risk Management by State agencies, boards, and commissions. The semi-annual reporting process shall be designed by the Office of Risk Management to outline the activities of the program. The report shall include, but not be limited to, the number of occupationally-related cases reported; the number of occupationally-related cases outstanding; the number of employees receiving workers' compensation benefits; the dollar amount of indemnity and medical payments made on behalf of employees; the number of employees returned to work during a reporting period; and the established dollars of savings that resulted from the return-to-work program.

Therefore, based upon these actions of the legislature, the Office of Risk Management sets forth the following as its Loss Prevention

Return to Transitional Duty Program. **Compliance with the following will be expected for certification by the Loss Prevention section of the Office of Risk Management.**

MISSION STATEMENT

It is our mission to supply the highest quality services to the taxpayers of the State of Louisiana at the lowest possible expense. The Office of Risk Management accepts the scope of services defined by the governor and legislature and strive to supply taxpayers the highest quality of services possible, and in so doing, we realize that the greatest assets of the State of Louisiana, are our human resources. Therefore, the Office of Risk Management is committed to retain as many experienced employees as possible. (If special services are provided, an agency can add additional statements to clarify its mission.)

GOALS OF THE TRANSITIONAL WORK PROGRAM

To provide the earliest possible safe return to work of occupational related injuries or illnesses of our employees.

To give employees more options in returning to work than only being able to return with a full duty release.

To retain qualified tenured employees within State government thereby utilizing their expertise, training and seniority.

To facilitate a safer working environment by accepting more responsibility for injured workers.

To reduce medical cost of Workers' compensation claims due to extended work absences.

To reduce indemnity payments of workers' compensation claims when employees are capable of performing transitional services for the citizens of Louisiana.

DETAIL PLAN OF IMPLEMENTATION

Agency plans should include the following procedures, components and policies. However, agencies are encouraged to expand upon this, as specific facility services would require. A successful Return to Work Plan should be based on medical prognosis and recovery, not on a calendar date. Transitional work should be available **until an employee reaches maximum medical improvement or one year**. The agency should refer all medical issues to the attention of ORM staff or rehabilitation consultant. The agency should fax or e-mail all claims to ORM within 24 hours of filings.

Each underwriting subdivision should have a transitional return-to-work team. This team should be formulated by members of human resource, safety, and management representatives (If there is union involvement in your agency, a union representative may be appropriate.) The team should reflect the needs of the agency in its size, frequency of meeting and detail of action. This would be in relation to the number of lost-time claims an agency generates. It is expected that the agency will meet the standards for audit review.

The scope of the team will be to review and have oversight on all lost-time workers' compensation employees under their authority. This scope would include, but not be limited to, the review of job modifications, job tasking, task identification, compliance with policy, completing transitional return-to-work plans, oversight of plans, facilitating success of plans, and reporting results of actions in a quantitative manner of the transitional return-to-work program.

The team should meet every 30 days to review all workers' compensation transitional return-to-work issues. If an agency has no active lost time claims there would be no need to meet. In these meetings, the team may choose to have input from Office of Risk Management staff and vocational rehabilitation counselors. One of the team's first acts will be to implement the process of **job tasking** within its domain. **Job tasking** is defined as detailing each specific job task performed by a position. This should be done for each position of injury for which an employee receiving workers' compensation benefits. (**Hint:** It is important to consult with first-line supervisors when doing this.) There is no need for repetition of job tasking with each new occurrence. However, if the team has not already job-tasked a position when a claim occurs, it should be done at that time.

From the list of job tasks for each position, a master list of transitional tasks will be compiled. The team will keep a working file of job tasks for each position under its domain that for which a lost-time claim has occurred, as part of its working documentation. These job task files will be used when a worker is injured to identify transitional job duties to which the worker can be returned.

The agency should complete a transitional return to work plan with the supervisor and a representative from the RTW team. The specific job task, hours, duty assignment and physical restrictions should be included. The plan should be reviewed by all and approved by all. The agency will hold a return to work meeting with the employee before returning to work and review the plan. This plan is to be updated every 30 days as it relates to the employee returning to full duty. The rehabilitation firm will lend expertise in the development of the plan and it's progression. Each agency will be assigned a vocational rehabilitation firm to assist in the execution of this policy.

The length of the Program shall be defined as one year, or until the employee has reached MAXIMUM MEDICAL IMPROVEMENT, whichever is less. All Workers' Compensation claims shall be reported to the Office of Risk Management within 24 hours of filing, via fax or e-mail. The Office of Risk Management will assume the responsibility to conduct all communications with treating medical personnel. The agency is directed not to have direct contact with the treating medical personnel unless The Office of Risk Management has given approval.

When reviewing an individual worker's eligibility for return-to-work options, the following criteria should be followed:

Assess the job task of the worker's pre-injury position and what transitional tasks are still applicable to current physical restrictions.

If absolutely no job tasks in the position and immediate area in which the employee is working are suitable, then the next immediate area in the same position should be addressed.

Are there additional services that can be rendered or tasks performed that are not necessarily within the written description but would improve the overall function of the agency which could be performed by the injured worker? Within the underwriting subdivision, are there any tasks that can be performed which would be more beneficial to that State entity than having the injured worker performing no duties and being paid to sit at home? This level may require civil service detailing.

If a person is entering a jeopardy zone of risk of termination due to exhaustion of sick leave (under 100 hours of accrued leave balance), the agency should notify the Office of Risk Management of this issue.

Before an employee is terminated due to exhaustion of sick leave his file should be documented as to the efforts that have been made to identify transitional work tasks in the underwriting subdivision and the barriers encountered in identifying said tasks. There should be a detailed explanation of action taken to overcome these barriers. A licensed rehabilitation counselor will be provided to help identify transitional job tasks to assist in returning the worker to transitional work.

Transitional duty will last until a worker has reached maximum medical improvement and returns to his previous job or one year, whichever is less. If the worker reaches maximum medical improvement and is unable to resume their pre-injury position additional vocational options must be addressed.

It should also be documented the underwriting subdivision's necessity to terminate the employee at that time. This documentation should include evidence that the licensed rehabilitation counselor has been unable to identify any types of transitional job tasks that would improve the service to the taxpayers of that underwriting subdivision. This is best handled by simply requesting the vocational rehabilitation consultant provide copies of reports given to the Office of Risk Management.

The Office of Risk Management recognizes the necessity of having to terminate injured workers who have exhausted sick leave in order to ensure the quality of service mandated by the legislature. This practice will be evaluated as a “last resort method” and agencies must be prepared to supply documentation to reflect that all efforts have failed and the action of termination was that of a last resort.

MEASURE OF EFFECTIVENESS

The team shall also have the oversight to develop a tracking system to determine the effectiveness of its actions. This shall include, but not be limited to, the tracking of the number of injured workers per month, and the number of lost-time days associated with workers’ compensation injuries per month. (This will also include employees that have either resigned or who have been terminated via Civil Service Rule 12.6, as long as that employee is receiving indemnity benefits under workers’ compensation. The lost-time days for those employees will be tracked as an average of 21.5 days per month.), and the number of workers returned to work via transitional return-to-work.

This report will be submitted to the Office of Risk Management’s Loss Prevention section on a monthly basis. It should be reviewed and bear the signatory approval of the return-to-work team.

Louisiana Return to Work Audit

Month of Report _____ Location code _____
Agency _____ Contact Person _____

IN THIS MONTH

1. How many lost time w/c claims have occurred? _____
2. How many are on transitional duty? _____
3. How many have been returned to work back at full duty? _____
4. How many employee remain off work on W/C? _____
5. How many have been separated from your agency and are still drawing W/C? _____

The sum of #3 plus #4 should be greater than the sum of #2 plus #5.

#2 _____ + #3 _____ > #4 _____ + #5 _____ = PASS

Total RTW _____ > total not RTW _____ = PASS

For each W/C claim this month a job task list is on file ____yes ____ no

The RTW committee has met and reviewed all W/C ____yes ____ no

| | | | |
|----|----------------|-------------------|--------------------|
| 1 | employee _____ | days missed _____ | day pay rate _____ |
| 2 | employee _____ | days missed _____ | day pay rate _____ |
| 3 | employee _____ | days missed _____ | day pay rate _____ |
| 4 | employee _____ | days missed _____ | day pay rate _____ |
| 5 | employee _____ | days missed _____ | day pay rate _____ |
| 6 | employee _____ | days missed _____ | day pay rate _____ |
| 7 | employee _____ | days missed _____ | day pay rate _____ |
| 8 | employee _____ | days missed _____ | day pay rate _____ |
| 9 | employee _____ | days missed _____ | day pay rate _____ |
| 10 | employee _____ | days missed _____ | day pay rate _____ |
| 11 | employee _____ | days missed _____ | day pay rate _____ |
| 12 | employee _____ | days missed _____ | day pay rate _____ |

TOTAL _____ TOTAL _____